



# YOUTH COMMISSION CITY OF SAN JOSÉ, CALIFORNIA

43 E. Gish Road, Suite 100, San José CA 95112 (408) 501-0983

## APPLICATION FOR SAN JOSÉ YOUTH COMMISSION

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SCHOOL PRESENTLY ATTENDING \_\_\_\_\_

OTHER SCHOOL ATTENDING \_\_\_\_\_

PLEASE LIST YOUR COMMUNITY INVOLVEMENT, INCLUDING JOBS AND VOLUNTEER WORK.

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IN ONE PARAGRAPH, PLEASE EXPLAIN YOUR COMMUNITY INTERESTS.

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WHAT DO YOU FEEL ARE SOME OF THE PROBLEMS FACING THE YOUTH OF SAN JOSÉ?

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WHAT DO YOU FEEL THE PRIORITIES OF THE YOUTH COMMISSION SHOULD BE?

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PLEASE LIST ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE HELPFUL IN REVIEWING YOUR APPLICATION.

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Signature

\_\_\_\_\_  
Date

Send application to:   Office of the City Clerk  
                                  San José City Hall  
                                  801 North First Street, Room 116  
                                  San José, CA 95110